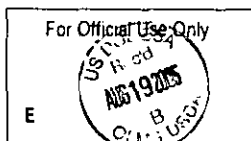


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>22090</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing.  Name <u>Michael M Murata</u>  P.O. Box, Bldg., Room No., if any  Street <u>451 Atkinson Drive</u>  City <u>Honolulu</u>  State <u>Hawaii</u> ZIP Code + 4 <u>96814-4796</u>	4. Name, file number, and address of labor organization.  Name <u>ILWU Local 142</u>  Labor Organization File Number <u>016-952</u>  P.O. Box, Building and Room Number, if any  Street <u>451 Atkinson Drive</u>  City <u>Honolulu</u>  State <u>Hawaii</u> ZIP Code + 4 <u>96814-4796</u>
5. Position in labor organization. <u>Contract Administrator</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael M Murata

On

8/12/05

Date

(808) 949-4161

Telephone Number

Name of Person Filing Michael Murata	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Hotel Industry - ILWU Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1221 Kapiolani Boulevard, Suite 900

City Honolulu

State Hawaii ZIP Code + 4 96814

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name The Hotel Industry - ILWU Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1221 Kapiolani Boulevard, Suite 900

City Honolulu

State Hawaii ZIP Code + 4 96814

11.a. Nature of such dealing.

The Hotel Industry-ILWU Pension Plan is a defined benefit multi-employer pension plan providing pension benefits for employees represented by the ILWU Local 142 and is therefore a trust in which the ILWU Local 142 is interested. (A "business" per DOL).

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

The income received consists of expense reimbursements attributable to travel expenses incurred while attending trustee meetings or trustee educational conferences. (See attached).

12.b. Amount. See Attached

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

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**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**  
**(Additional Page)**

Name of Person Filing: Michael M. Murata

12.a Nature of interest held or income received:

A. Quarterly Pension Trustees Meeting: 1/16/04 – 1/18/04

Hotel	\$376.50
Meals	\$146.40

B. Quarterly Pension Trustees Meeting: 7/16/04 – 7/17/04

Hotel	\$188.00
Meals	\$72.00

C. International Foundation of Employee Benefit Plans Annual Employee Benefits Conference: 11/30/04 – 12/05/04

Registration Fee	\$915.00
Hotel	\$589.54
Airfare	\$1,336.27
Ground Transportation	
12/01/04	\$33.00
12/05/04	\$35.00
Meals	
12/04/05	\$106.02
Parking Fee	
12/05/04	\$60.00

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended Form LM-30.